

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11-8-02

* 99-196

Radiocorp of Jackson, Inc.
P.O. Box 198
Brownsville, TN 38012

2. Article Number (Copy from service label)

0023 0771 3419

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

11-18-02

C. Signature


☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO.

99-196

CERTIFIED & INSPECTED

MAIL NOV 12 2002

RETURN

RECEIPT REQUESTED

NAME: Radiocorp of Jackson, Inc.

C. R. R. NO.

P.O. Box 198

Brownsville, TN 38012

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ 1.37

Certified Fee

2.36

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 4.42

Postmark
Here11-8-02
99-196

CY-C203

Name (Please Print Clearly) (to be completed by mailer)

Radiocorp of Jackson, Inc

Street, Apt. No., or P.O. Box No.

P.O. Box 198

City, State, ZIP+4

Brownsville, TN 38012

PS Form 3800, July 1999

See Reverse for Instructions

617E 1220 E200 0090 A004